

REQUEST FOR IRS FORM W-2

PLEASE READ THE ENTIRE FORM BEFORE COMPLETING

W-2 forms more than 6 years old are not available. Duplicates (\$15) or copies (\$10) are only available for years PRIOR to 1999. All forms issued 1999 and after are only originals or reissued statements (\$15). The form will be available within 5 working days from the date of receipt in the Office of the Comptroller. This request includes any and all applicable W-2c forms.

The Milwaukee Code of Ordinances sections listed below govern the issuance of these forms:

Section 81-132 Wage and Tax Statement Duplicates. 1. Upon written request, one copy or duplicate set of wage statements (W-2 form) shall be provided to current or former city employees without charge through April 15 for the preceding calendar year. 2. The processing charge for requests beyond April 15, or for additional copies or duplicates shall be \$10 and \$15 respectively for each item requested

Section 304-37 Bad Check Charges. There may be a processing charge for any check or order issued to the city of Milwaukee or any department thereof and returned unpaid by a bank due to insufficient funds or due to any other reason. Bad check charges shall be paid into the city treasury and credited to the general city fund.

Section 81-19.5 Checks; Bad Check Charges. The processing charge for each bad check issued to the city of Milwaukee shall be \$23.00

MAIL TO: OFFICE OF THE COMPTROLLER
200 E. WELLS STREET, ROOM 401
MILWAUKEE, WI 53202-3566

ATTN: PAYROLL ADMINISTRATION

FOR W-2 ISSUED PRIOR TO 1999

Please issue a Duplicate (\$15) _____ or Copy (\$10) _____ (check one) of Form W-2 for the tax year(s) ending 19_____.

FOR W-2 ISSUED 1999 AND AFTER

Please issue an Original or Reissued Statement (\$15) _____ of Form W-2 for the tax year(s) ending _____.

Please make payment payable to: **City Treasurer. THIS FEE IS NON-REFUNDABLE** Mail _____ Call for Pickup _____

Consent to Payroll Deduction for Insufficient Funds

As the maker of this check or order, I hereby declare my consent that my employer, the City of Milwaukee, may deduct from my net pay the amount of any insufficiency of funds for this check or order, plus a \$23.00 processing charge (Sec 304-37; 81-19.5)

Employee Signature

Date of Request

PLEASE PRINT

EMPLOYEE NAME _____

SOCIAL SECURITY NO.: _____ / _____ / _____ PHONE NO.: _____ (_____) _____

CURRENT MAILING ADDRESS:

Street Address

City State Zip Code

DEPT/LOCATION: _____ EMPLOYEE ID: _____
(For each year W-2 or W-2c was issued, not current DEPT/LOC No.)

FORM W-2 is requested for the following reason: _____ Lost _____ Destroyed _____ Never Received

FOR COMPTROLLER'S USE ONLY:

W-2 reissued on: _____ / _____ / _____

Mailed on: _____ / _____ / _____

Called on: _____ / _____ / _____

Picked up By: _____

PROCESSED BY: _____

Payment by: Cash _____

Check or Money Order No. _____

Amount \$ _____

C-403 r5 06/24/03